



Referral Letter for Patient

[Doctor's Name]

[Your Title]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Specialist's Name]

[Specialist's Title]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], to you for further evaluation and management of [specific condition or reason]. [Patient's Name] is a [age] year old [male/female] who has been under my care for [duration] with a history of [brief medical history relevant to the referral].

Patient Information:

- Name: _____
- Age: _____
- Medical Condition: _____

- Relevant Medical History: _____

Current Symptoms and Findings:

I have conducted the following investigations and treatments:

- Investigations: _____
- Treatments: _____

I am referring [Patient's Name] to you for [specific reason for referral]. I believe your expertise in [specialty] will be beneficial in managing this case. Please let me know if you need any additional information or if there are any specific preparations needed before [Patient's Name]'s appointment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]